
Facility Recharge Rate Form Instructions

All data is required for each Facility Recharge rate that you are requesting.

- 01 Description:**
This section identifies the Facility Management Unit Recharge that the rate is supporting.
- 02 FMU #:** Specify the Facility Management Unit Number of the Facility Recharge rate being requested.
- 03 Responsible Organization:** Identify the organization (division or program office) requesting the Facility Recharge rate.
- 04 Responsible Individual:** Specify the individual within the organization that is responsible for this Facility Recharge.
- 05 Program Code (XF):** Note the program code that will be used to track the costs associated with this Facility Recharge.
- 06 Effective Date:** Specify the date that this Facility Recharge rate is expected to be implemented. For most Facility Recharges, this will be 10/1/96.
- 07 Estimated Cost:**
This section provides cost data related to the proposed Facility Recharge rate.
- 08 Work Package No.:** Identify the work package number. This number can be obtained directly from the related work package form.
- 09 WP Title:** Indicate the title of the program/work package.
- 10 FY96 \$k:** Indicate the FY96 dollars for this work package. This number can be obtained directly from the related work package form.
- 11 FY97 \$k:** Indicate the FY97 dollars for this work package. This number can be obtained directly from the related work package form.
- 12 Totals:** Total the work packages related to this Facility Recharge rate for both the FY96 \$k and FY97 \$k columns.
- 13 Estimated Cost Distribution:**
This section provides information on the recovery related to the Facility Recharge operations (i.e., what will be billed to users and how much revenue is anticipated to be generated).
- 14 Tenant:** Identify the tenant organization to which the Facility Recharge rate will apply.

Facility Recharge Rate Form Instructions (continued)

- 15 TA/Bldg:** Identify the technical area and building to which the Facility Recharge rate will apply.
- 16 Number of Sq. Ft.:** Specify the number of square feet that you anticipate recharging in FY97.
- 17 Estimated FY97 Distribution:** Indicate the amount of revenue you anticipate collecting at the proposed rate.
- 18 Unit Rate:** Indicate the unit rate that you propose billing for this Facility Recharge. For example, this would be your total FY97 \$k divided by the Number of Sq. Ft.
- 19 Total:** Total the estimated FY97 distribution column. This should equal your Number of Sq. Ft. times your Unit Rate. It should also equal your FY97 \$k requested funding.
- 20 Narrative:** Provide as attachments the three narratives requested for each Facility Recharge rate request.
- 21 Approval:** For each rate request, obtain the signature of the appropriate business team leader and the division director/technical manager (or responsible manager) before submittal to BUS-3.